PLACE OF BIRTH County of State Index No.1076 BUREAU OF VITAL STATISTICS 175 State Index No.1076 ORIGINAL CERTIFICATE OF BIRTH Co. Register No.103 Local Registrar's No. (No. St; Ward)
FULL NAME OF CHILD If child is not named, make Supplemental Report on blank obtainable from local registrar. Sex of Twin, Triplet and Number in order of birth Child fernal or other of of birth Full FATHER Residence Color or Race Color or Race Birthday (Years) Birthplace Occupation Occupation Number of child of this mother. Make Supplemental Report on blank obtainable from local registrar. Alive No 1910 Page of Dec 10 1910 Month (Day) (Yr.) Full MoTHER Name Color or Race Color or Race Birthday (Years) Birthplace Occupation Number of Child of this mother.
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of the above child; and that it occurred on the property of the property of the property of the physician or midwife, then the householder of the above child; and that it occurred on the property of the physician or midwife, then the householder of the above child; and that it occurred on the physician or midwife, householder of the above child; and that it occurred on the physician or midwife, householder of the above child; and that it occurred on the physician or midwife, householder of the above child; and that it occurred on the physician or midwife, householder of the above child; and that it occurred on the physician or midwife, householder of the above child; and that it occurred on the physician or midwife, householder or the physician or the physician or midwife or the physician or midwife or the physician or the physici
Should make this return. Given or Christian name added from a supplemental report 191. Filed WW / 5 191 (0. LOCAL REGISTRAR. Filed COUNTY REGISTRAR. COUNTY REGISTRAR.